CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/13/2011 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION IDEN		IXI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G797	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		COM 09/12	(X3) DATE SURVEY COMPLETED 09/12/2011	
NAME OF PROVIDER OR SUPPLIER  AWS			STREET ADDRESS, CITY, STATE, ZIP CODE 9029 S AMERICA ROAD LA FONTAINE, IN46940				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
K0000	Department of Complaint Num Substantiated: deficiencies rel allegation are of Survey Date: Of Facility Number Provided Numb AIM Number: 20 Surveyor: Amy Code Specialist Census: 4 This deficiency findings in accordance IAC 16.2 Quality Review by 10	96603 was he Indiana State Health.  hber: IN00096603 Federal/State ated to the cited at K-18.  9/12/11  r: 012563 her: 15G797 201018540  Kelley, Life Safety	K0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any defiencystatement ending with an asterisk (\*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

ZLPP21

Facility ID:

012563

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		X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CO			(3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER: 15G797	A. BUILDING	01	COMPLETED 09/12/2011	
		136797	B. WING	DDDDGG GITH GTATE ZID GODE	09/12/2011	
NAME OF I	PROVIDER OR SUPPLIER			ADDRESS, CITY, STATE, ZIP CODE  AMERICA ROAD		
AWS				ITAINE, IN46940		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX TAG	*	CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE COMPLETION DATE	
IAG	REGULATORY OR	LSC IDENTIFY ING INFORMATION)	IAG	DEI ICIERCI I	DATE	
KS018	mechanisms suita closed. No doors a occupant from clos 32.2.3.6.4, 33.2.3.  Doors are self-clos accordance with 7  Exception: Door cl required in building an approved autor accordance with 3  Based on obser interview, the fensure 2 of 4 s would close and door frame. The practice could at the facility.  Findings include Based on an obserview Manager between 1:30 pthe doors to the southeast sleep latch into the frinterview with the at the time of consumers of the doors to the southeast sleep latch into the frinterview with the time of consumers of the doors to the southeast sleep latch into the frinterview with the time of consumers of the doors to the southeast sleep latch into the frinterview with the time of consumers of the doors to the southeast sleep latch into the frinterview with the time of consumers of the doors to the southeast sleep latch into the frinterview with the time of consumers of the doors to the southeast sleep latch into the frinterview with the time of consumers of the doors to the southeast sleep latch into the frinterview with the time of consumers of the doors to the southeast sleep latch into the frinterview with the time of consumers of the doors to the southeast sleep latch into the frinterview with the time of consumers of the doors to the southeast sleep latch into the frinterview with the time of the doors to the southeast sleep latch into the frinterview with the time of the doors to the southeast sleep latch into the frinterview with the time of the doors to the southeast sleep latch into the frinterview with the time of the doors to the southeast sleep latch into the frinterview with the time of the doors to the southeast sleep latch into the frinterview with the doors to the southeast sleep latch into the frinterview with the time of the southeast sleep latch into the frinterview with the southeast sleep latch into the frinterview with the southeast sleep latch into the southeast sleep	sing or automatic closing in .2.1.8  losing devices are not gs protected throughout by matic sprinkler system in 2.2.3.5.1 and 33.2.3.5.2.  Evation and acility failed to leeping room doors d latch into the mis deficient affect all clients in  The exervation with the ron 09/12/11 o.m. and 1:45 p.m., the northeast and the loing rooms failed to rame. Based on an other house Manager observations, the to be set into the	KS018	K0018 Life Safety Code - Door Hing Corrective action for resident(s) found to have be affected Both doors were repaired so hinges are recessed into the slab. This allows the door to properly, which they do. How facility will identify oth residents potentially affected what measures taken Two replacement doors iden in this survey were not closin properly. The other two clien bedroom doors are original of and continue to close fully. Neasures or systemic charfacility put in place to ensure no recurrence Both defective doors were repaired; The group home all has secured the services of a new "handyman" who will material.	een that door close ner ed & tified ng tts' doors low nges re	

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A DIJII DING	01	COMPLETED	
		15G797	A. BUILDING  B. WING		09/12/2011	
				ADDRESS, CITY, STATE, ZIP CODE		
NAME OF P	ROVIDER OR SUPPLIER		I			
4346			9029 S AMERICA ROAD			
AWS			LAFOR	NTAINE, IN46940		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
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TAG	REGULATORY OR	REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG  CROSS-REFERENCED TO THE DEFICIENCY)		DEFICIENCY)	DATE	
	proper fit.			repairs as needed.		
	ргорег пс.			How corrective actions will	be	
			monitored to ensure no recurrence			
	8–1					
				Group home manager works		
				staff members in the home to	)	
				identify repair needs. Group		
				home manager contacts		
				handyman and follows up to		
				ensure repairs are completed	J.	